FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

SEC Mail Mail Processing Section

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
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Offering (check if this is an amendment and name has changed, and indicate change.) Filing Under Chestor (cp) hat apply): Rule Type of Filing: 100 New Filing Amendment Rule 504 Rule 505 Rule 506 Section 4(6) ULOE A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Fortress Commodities Fund L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Fortress Commodities Advisors LLC, 1345 Avenue of the Americas, 47th Floor, New York, NY 10105 212-798-6100 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Investment Fund PROCESSED Type of Business Organization corporation limited partnership, already formed other (please specify): Jan 2 8 2008 business trust limited partnership, to be formed Month Year THOMSON Actual or Estimated Date of Incorporation or Organization: 077 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FINANCIAL CN for Canada; FN for other foreign jurisdiction) EN

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9 vmerican LegalNet, Inc www.USCourtForms.com

28 15 17 6 M 64		A. BASIC ID	ENTIFICATION DATA	erioge as	The letter before the
2. Enter the information re	•	_			
•	-	suer has been organized w	•		
		-			a class of equity securities of the issuer
 Each executive off 	icer and director o	f corporate issuers and of	corporate general and mai	naging partners of	partnership issuers; and
 Each general and n 	nanaging partner o	f partnership issuers,			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			·	
Fortress Commodities GP I					
Business or Residence Addre	•	•	·		
c/o Fortress Commodities A					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	findividual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		······
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	· · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, is	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)	····	
	(Use blar	nk sheet, or copy and use	additional copies of this sl	neet, as necessary)	

Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	B. INFORMATION ABOUT OFFERING
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	
2. What is the minimum investment that will be accepted from any individual? * Subject to lesser amounts being accepted at the sole and absolute discretion of the General Partner. 7 des No 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
*Subject to lesser amounts being accepted at the sole and absolute discretion of the General Partner. Yes No Does the offering permit joint ownership of a single unit?	
3. Does the offering permit joint ownership of a single unit?	* Subject to lesser amounts being accented at the sole and absolute discretion of the General Partner
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NY NH NJ NM NY NC ND OH OK OR PA	
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	tane (bast name mat in matrically
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA	less or Residence Address (Number and Street, City, State, Zip Code)
(Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA	of Associated Broker or Dealer
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers
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RI SC SD TN TX UT VT VA WA WV WI WY PR	
	RI [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]
Full Name (Last name first, if individual)	Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)	ess or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer	of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)	
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO	
MT NE NV NH NJ NM NY NC ND OH OK OR PA	
RI SC SD TN TX UT VT VA WA WV WI WY PR	
Full Name (Last name first, if individual)	Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)	ess or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer	of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)	Check "All States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA HI ID	AL AK AZ AR CA CO CT DE DC FL GA HI D
IL IN IA KS KY LA ME MD MA MI MN MS MO	
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR	

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	A	mount Aln	÷ad\
	Type of Security	Offering Price	^	Sold	cau
	Debt		S _	·····	
	Equity	<u> </u>	\$_		
	Common Preferred				
	Convertible Securities (including warrants)		\$_		
	Partnership Interests	65,900,000.00	S _	65,900,00	0.00
	Other (Specify)	3	S _		
	Total			65,900,00	0.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
? .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggrega	ıtc
		Number Investors		Oollar Amo	ount
	Accredited Investors	9	S	65,900,00	0.00
	Non-accredited Investors	0	S.		0.0
	Total (for filings under Rule 504 only)		S		
	Answer also in Appendix, Column 4, if filing under ULOE.	 			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security	ľ	Dollar Am Sold	oun
	Rule 505	-	•		
	Regulation A		٠,		
	Rule 504				
	Total				
}	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			1 2 2 2 2	
	Transfer Agent's Fees	&	s _		0.00
	Printing and Engraving Costs			<u> </u>	0.00
	Legal Fees		s _	180,00	0.00
	Accounting Fees		s _	10,30	0.00
	Engineering Fees		s _		0.00
	Sales Commissions (specify finders' fees separately)	=	s _		0.00
	Other Expenses (identify) Travel Expenses		s _	60,00	0.00
	Total	_	ς	250.30	0.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted	gross		\$ 65,649,7	700.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimat f the payments listed must equal the adjusted	e and			
			•	nents to		
			Dire	ficers, ctors, & liates	Paym Oth	ents to
	Salaries and fees		🔀 \$	18,000.00	⋈ \$	0.00
	Purchase of real estate		🗷 S	0.00	X 5	0.00
	Purchase, rental or leasing and installation of mand equipment	chinery	😿 \$	0.00	⋈ \$	0.00
	Construction or leasing of plant buildings and fac		_	0.00	_	0.00
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	ets or securities of another			_	
	issuer pursuant to a merger)				X \$	0.00
	Repayment of indebtedness				₹ \$	0.00
	Working capital			0.00		0.00
	Other (specify): Capital for Investment Purposes		🗷 🛣 \$	0.00	X \$	0.00
			 🔀 \$_65,	631,700.00	K \$	0.00
	Column Totals		🔀 \$_ ⁶⁵ ,	649,700.00	x \$	0.00
	Total Payments Listed (column totals added)			€ \$ 65.6	549,700.00	
		D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·		1 1	
The	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this in the U.S. Securities and Exchange Co	notice is filed mmission, up	under Rul	e 505, the f	
Ìssi	er (Print or Type)	Signature / OA	Date	1.5-1		
For	ress Commodities Fund L.P.		1	117/0	18	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)				

— ATTENTION ————

Chief Financial Officer of the General Partner of the Issuer

Kevin Treacy

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?			Yes	No X
	See	Appendix, Column 5, for state response.			
. 2 .	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	•	e in which this notice is	filed a no	tice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon v	vritten request, informs	ation furn	ished by the
4.	The undersigned issuer represents that the is- limited Offering Exemption (ULOE) of the st of this exemption has the burden of establish	tate in which this notice is filed and underst	ands that the issuer cla		
	er has read this notification and knows the conte thorized person.	ents to be true and has duly caused this notice	e to be signed on its beh	alf by the	undersigned
•	Print or Type) Commodities Fund L.P.	Signature	Date 1/17-/	08	
Jame (I	Print or Type)	Title (Print or Type)	<u> </u>		
Kevin T	reacy	Chief Financial Officer of the General Par	tner of the Issuer		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al Al	PENDIX			e gener	
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualificatio under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		х	Interests, \$2,000,000	1	\$2,000,000	. 0	\$ 0		х
AR									
CA									
со									
СТ		х	Interests, \$8,500,000	2	\$8,500,000	0	\$0		х
DE	 				<u></u>				
DC									
FL									
GA									
ні									
ΙD									_
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD			_						
МА									
МІ									
MN									
MS									

		Pries.			ENDIX				
1	Intend to non-ac investors (Part B-	credited in State	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			Disqualifica under State U (if yes, attra explanation nount purchased in State waiver gran		fication te ULOE , attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
MT							(
NE									
NV									
NH									
NJ									
NM									
NY		х	Interests, \$53,400,000	4	\$ 53,400,000	0	\$0		х
NC									
ND									
ОН									
ОК	_			-					
OR									
PA									
RI									
SC									
SD		х	Interests, \$1,000,000	1	\$1,000,000	0	\$0		х
TN									
TX									
UΤ									
VT									
VA									
WA						-			
wv								<u></u>	
Wi							-		

l 2			Type of security Intend to sell and aggregate			5 Disqualificatio under State ULC (if yes, attach			
	investors	o non-accredited offering price offered in state (Part B-Itern 1) (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									